Livestock Mortality Management Plan - Supplement

Name of Operation & Address (please print)		For NDEQ use
		-
City Phone No	State Zip Code	-
IIS No	(if known)	
Indicate your	r primary and secondary means of carcass d	lisposal.
	Burial Render Compost	Incinerate Landfill
Primary		
Secondary		
	on-site storage used? Yes No se the means to control runoff from the temp	porary storage area:
	o Area controlled by Livestock Waste (Control Facility: yes no
	o Carcasses containerized or covered (t	arped): yes no
	o Storage area controlled by berms or d	liversion: yes no
	o If controlled by other means or practi describe:	•
	rial photo or site map showing the location are compost sites.	and extent of temporary storage areas,
Disposal of a	animal carcasses in the Livestock Waste (Control Facility is prohibited.
Additional in Agriculture.	nformation on mortality management is avai	ilable through Nebraska Department of
*Print	ted or typed name of Authorized representative	
		Date:
*Signa	ature of Authorized Representative:	

^{*}Signature not required if supplement submitted within a complete application